

**FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT**  
Office of Human Resources and Equal Opportunity

**Education, Travel and Conference Fund**  
**Teamsters/Local 287**

The District will maintain a fund for assisting supervisors to be used to fund educational expenses including conferences related to the employee's current field or to support activities that will prepare the supervisor for new fields or endeavors. The fund shall be \$15,000 per year. Remaining money shall be rolled over to the next year but the maximum fund shall be not more than \$20,000. Education, travel, and conference funds may be used during a Staff Development Leave.

1. The supervisor shall provide evidence of successfully completing the class.
2. A supervisor may receive up to a maximum of \$2,000 per academic year.
3. Assistance shall be on a first come first serve basis, until the fund is depleted.

**EDUCATIONAL SECTION**

**To Be Completed By The Supervisor:**

Include official transcript verifying successful completion of the work-related class and receipts identifying tuition, fees, textbooks expenses.

Name: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Job Title: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Textbooks: \$ \_\_\_\_\_

Campus-Wide ID: \_\_\_\_\_ Fees: \$ \_\_\_\_\_

Beginning Date of Course: \_\_\_\_\_ Ending Date of Course: \_\_\_\_\_

\*Attach Information on Course / Conference / Workshop to this sheet.

\_\_\_\_\_  
Supervisor Signature Date

**To Be Completed by the Administrator:**

I verify that this class is a work-related class.

\_\_\_\_\_  
Administrator's Name (please print) Administrator's Signature Date

\*\*\*\*\* (For Human Resources Use Only) \*\*\*\*\*

Director of HR: \_\_\_\_\_ Amount Reimbursed \$ \_\_\_\_\_

Processor: \_\_\_\_\_ Date of Reimbursement: \_\_\_\_\_

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**CONFERENCE/WORKSHOP/TRAVEL SECTION**

**To Be Completed By The Supervisor:**

REQUIRED: Copy of Conference/Workshop Agenda

Beginning Date of Conference/Workshop: \_\_\_\_\_

Ending Date Conference/Workshop: \_\_\_\_\_

Conference/Workshop Registration: \$ \_\_\_\_\_

Advance Requested? Yes/No  
(Circle One)

Hotel/Motel Registration: \$ \_\_\_\_\_

Advance Requested? Yes/No  
(Circle One)

Airfare/Car Rental: \$ \_\_\_\_\_

Advance Requested? Yes/No  
(Circle One)

Per-Diem: \$ \_\_\_\_\_

Advance Requested? Yes/No  
(Circle One)

*Meals Included in Conference/Workshop are not covered*

**Human Resources will inform you if your request for Conference Funds has been approved.**

Please use ProCard upon approval of funds for all but Per-Diem. If you do not have a ProCard submit a Direct Pay Request to the Accounts Payable Department. Payments will be made directly to the Vendor.

Do not use your ProCard for Meals, if you require an advance of the per diem allowed submit a Travel Advance to the Accounts Payable Department for meals not covered by the conference.

The District Office of Human Resources shall request transfer of funds to the respective college upon receiving a completed Expense Transfer Request and Trip Voucher with supporting documentation regarding the expenditure of funds from the college.

Attach information on Conference/Workshop Agenda, Hotel/Motel Registration, Airfare, and/or Car Rental to this sheet.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**To Be Completed by the Administrator:**

I verify that this class is a work-related conference/workshop.

\_\_\_\_\_  
Administrator's Name (please print)

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\*\*\*\*\**(For Human Resources Use Only)*\*\*\*\*\*

Director of HR: \_\_\_\_\_

Amount Reimbursed \$ \_\_\_\_\_

Processor: \_\_\_\_\_

Date of Reimbursement: \_\_\_\_\_